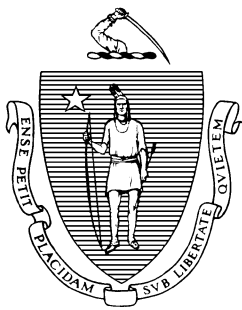


780 CMR 120.P

STANDARD FORMS AND APPLICATIONS

(Note: These forms are unique to Massachusetts)

- State Building Code Appeals Board Application Form
- State Building Code - Code Amendment Proposal Form
- Construction Materials Safety Board Application for Approval
- State Building Code Sample Building Permit Form for One- and Two-family Dwellings
- Standard Checklist for Single- and Two-family Dwellings
- State Building Code Sample Building Permit Form for Other than One- and Two-family Dwellings
- Consumer Information Form
- Energy Conservation Mandatory Checklist for New Construction (Other than Low-rise Residential)



The Commonwealth of Massachusetts

**Department of Public Safety
Board of Building Regulations and Standards
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-7532
Fax (617) 227-1754**

STATE BUILDING CODE APPEALS

FILING INSTRUCTIONS

Appeals are held pursuant to 801 CMR 1.02 Informal/Fair Healing Rules

BBRS\FORMS\APPEAL APPLICATION 2005

Procedures outlined on the following pages shall be followed when filing an application to appear before the Board of Building Regulations and Standards' (BBRS) Building Code Appeals Board. The Appeals Board is comprised of any three members of the BBRS. Appeals hearings are convened twice each month, generally on the first Thursday and fourth Tuesday of the month. Applications are processed on a first come, first served basis. Typically, it takes 30 to 90 days from receipt of an application to be scheduled for a hearing. Please visit our website at www.mass.gov/dps (Under "The Board of Building Regulations and Standards") for exact hearings dates and additional information about filing an appeal.

Please note that appeals hearings are intended to afford aggrieved parties with the opportunity to seek relief from the provisions of the *State Building Code* in the form of a variance or interpretation of the applicability of a particular code section. Appeals Board members are not allowed to waive code requirements in their entirety, but may consider alternative methods of complying with the intent of the code. Appeals Board members are not arbiters; rather they are professional persons representing a cross section of the building design, construction and regulatory industries who are educated in code matters. Board members will judge testimony and materials presented at a hearing based on technical merits in relation to code requirements. Appeals Board members do not have any authority to rule on zoning issues (land use issues).

Zoning requirements differ in each community. Therefore, appeals relating to land use should be directed to the Zoning Appeals Board in the city or town in which the property is located.

In order to assist with understanding the process, we have provided answers to *Frequently Asked Questions* relative to appeals procedures below.

Frequently Asked Questions About the Appeals Process

Question: What is the overall intent of the code?

Answer: The building code sets minimum standards for the design and construction of all buildings and structures in the commonwealth. The intent is to ensure that all citizens are afforded a consistent level of safety in all buildings in which they visit, live or work. A code user may choose to exceed requirements of the code, but may not design or construct to a lesser standard.

Question: What if I am not able to abide by the provisions of the code verbatim, are appeals procedures available?

Answer: The BBRS maintains an active Building Code Appeals Board which meets at least twice each month. In order to file an appeal with the State Board, a notice of violation must first be issued by the municipal or state building official charged with the enforcement of the code. This notice identifies the subject matter to be addressed at the appeal.

Once an appeal application is stamped as received by the BBRS, a stay of proceedings is enacted. This stay prevents a building official from taking further action with regard to the subject of the appeal. Also, it allows the applicant to continue to work on the project. However, please be aware that the work is continued at the applicant's risk. A stay of proceedings may not be applicable if an inspector has issued a *stop work order*.

Among other things, Appeals Board members may allow variances to provisions of the code or may offer interpretations to clarify disputes relative to a code provision. However, it is not the intent to simply waive code provisions in disregard of the public safety intent. Therefore, an applicant must demonstrate first a need for variance (if this is the intended relief) and then identify how he/she will achieve a comparable level of safety for building occupants. An applicant should always keep in mind that the code is a public safety document and that arguments relating to an appeal case should focus on issues of safety and compliance with the intent of the code; arguments should not focus on monetary savings for a project, at least not entirely.

Generally, it takes about 30 to 90 days after receipt of an application for a case to be heard. Although most cases are decided on the day of the hearing. Board members have 30 days following the hearing to issue a written decision. Technically, the decision is not finalized until the written decision is issued. Depending on complexity, cases may at times be continued and/or taken under advisement for determination at a later date.

If an appellant or other party is aggrieved by the Board's determination, he/she may request a reconsideration of the decision. Reconsideration requests must be filed in writing within ten days of receiving the written decision. It is important to note that a reconsideration may only be considered on the basis of ***new evidence***. Reconsiderations are not intended simply as a second chance to review the case. Reconsiderations are reserved for those rare instances where all facts relating to a matter may, for reason or other, not have been suitably brought forward and examined during the hearing. Reconsideration requests are required to be reviewed by Board members who originally heard the case. If a majority of Board members agree that new evidence exists, a new hearing will be scheduled. Otherwise, aggrieved parties may appeal a decision of the Board to a court of law.

Appeals procedures follow the informal/fair hearings procedures as defined in 801 CMR 1.02. Interested parties may retrieve this document by visiting www.state.ma.us/dala/801cmr.htm.

Question: Are there other reasons for filing an appeal?

Answer: An appeal may also be filed for a building official's *failure to act* on a matter. The code allows a period of 30 days for a building official to review and act on an application for permit. Technically, if a response is not received within this period an appeal may be filed on the 31st day. However, such quick action is not recommended. Like most people, building officials can get behind on their workload. If the 30 day period passes without a response, call the building official, documenting the day and time, to see if a response is forthcoming. If a response is not received via phone, try corresponding in writing, by certified mail if so desired. If these methods fail, an appeal may be filed to address the issue of the inspector's failure to act.

Procedures for Filing An Appeals Application

Please follow the instructions below when completing an Appeals Application.

1. Unless filing for a *failure to act*, the appellant must be in receipt of a denial letter from the municipal or state building official as required in Chapter 1 of the State Building Code. An appeal must be filed *within 45 days* of the date of the letter of denial. An appeal may be filed either with the local *Building Code Appeals Board*, if one has been established, or directly with the State Building Code Appeals Board. Also, an appellant may file an appeal relative to a building official's *failure to act* on his/her permit application as provided for in Chapter 1 of the State Building Code (A letter of denial is not required when filing for *failure to act*).

2. Two documents are required to be completed by the appellant or his/her representative when filing an appeal. (Each is part of this document.)

the ***Appeal Application Form*** (3 pages)
and the ***Service Notice*** (1 page).

The *Service Notice*, which gives notice to the building official that an appeal is being filed, should include the date appearing and the name and address of the building official under the section titled, "PERSON/AGENCY SERVED". The ***Method of Service*** should list one of the following procedures as set forth in Chapter I of the State Building Code for serving notice to the appropriate building inspector.

- A. Personally; or
- B. Registered or Certified Mail, return receipt requested; or
- C. By any person authorized to serve civil process.

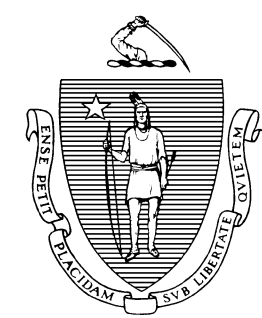
The ***Date of Service*** is the date when a copy of the appeal is delivered or mailed to the building official or other party entitled on the application.

The ***Service Notice*** must be signed by the appellant or his/her representative and the signature must be notarized.

The ***Appeal Application Form*** (2 pages) ***must be completed in total***. The application will be reviewed for completeness prior to a hearing being scheduled. Applications determined to be incomplete will be returned to the applicant for correction. Questions relating to completing the application should be directed to your local building department or this office. Questions relating to the process may be directed to the Appeals Board Hearings Coordinator at (617) 727-3200, extension 25209.

3. ***One*** complete copy of the appeal filing, including the ***original Service Notice***, must be delivered to the noted Building Official or the official entitled. ***Four*** complete copies of the appeal filing, including the original plus three copies of the ***Appeal Application*** form, ***four*** copies of the ***Service Notice*** and ***four copies*** of the denial letter, together with a check for **\$150.00** (filing fee) payable to the Commonwealth of Massachusetts must be submitted to this office, if the appeal is made directly to the State Building Code Appeals Board. (Fee requirements for filing before a local Building Code Appeals Board may differ from the fees prescribed for submission to the State Building Code Appeals Board. Please check with municipal building official for these fees.).

ALL CASES WILL BE HEARD ON THE SCHEDULED DATE. POSTPONEMENTS MAY ONLY BE CONSIDERED IN EXTREME SITUATIONS WHERE SUFFICIENT NOTICE HAS BEEN PROVIDED.



The Commonwealth of Massachusetts

Department of Public Safety
Board of Building Regulations and Standards
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-7532
Fax (617) 227-1754

STATE BUILDING CODE APPEAL APPLICATION FORM

| | | | |
|-----------------------------------|--|------|--|
| DOCKET NUMBER (State Use Only) | | DATE | |
|-----------------------------------|--|------|--|

The undersigned hereby appeals to the State Board of Building Regulations and Standards from the decision of the following person. (Please fill-in the name of the appropriate municipal or state building inspector or other authority. Also indicate if this is a request for a *hearing de novo* (new hearing) relative to a decision of a municipal appeals board.)

| | |
|--|--|
| Building Official from the City/Town of: | |
| Board of Appeals from the City/Town of: (Request for <i>hearing de novo</i>) | |
| State Building Official: | |
| Other: | |

Please mark the appropriate box indicating the requested action to be considered by the Appeals Board members. (More than one box may be marked.)

| | | | | | |
|----------------|--|----------------|--|-----------|--|
| Variance | | Order | | Direction | |
| Interpretation | | Failure to Act | | Other | |
| STATE USE ONLY | | | | | |
| Fee Received | | | | | |
| Check Number | | | | | |
| Received By | | | | | |

(This section must be completed or the application will be returned.)

Has the building or structure been the subject of an appeal by this or any other appeals board previous to this filing?

No ☐ Yes ☐ If yes, please indicate the date of the previous appeal, whether the matter was heard before a local or state appeals board, the code section that was at issue, and the specifications of the decision (*i.e.* a variance was granted/not granted).

Please take care to submit all *written* supporting documentation with this application to allow time for review. However, Board members reserve the right to continue proceedings if such material warrant extensive review.

Please provide a brief description of the desired relief below. Additional information may be attached if space is not sufficient. *All appropriate code sections that are subject to appeal must be identified in the description.*

Please complete the following section completely and accurately.

| | | | |
|--|--|---------------|--|
| Name of Appellant: | | Representing: | |
| Address for Service: | | | |
| | | | |
| Telephone Number: | | Fax Number: | |
| Address of Subject Property (if different from service address): | | | |
| | | | |
| What is appellant’s connection to subject property? | | | |

Signature of Appellant and\or Representative

Please print name legibly

Please return applications to:
Program Manager, Board of Appeals
Board of Building Regulations and Standards - One Ashburton Place, Boston, MA 1301
Boston, MA 02108-2618

DESCRIPTION OF BUILDING OR STRUCTURE RELATIVE TO THE MASSACHUSETTS STATE BUILDING CODE (780 CMR 7th EDITION): (Check as appropriate)

Do not complete the tables below for one and two family dwellings. Proceed to section entitled “Brief Description of the proposed Work”.

| | | | | |
|--|-------------------|----------------------|---------------|----------|
| DESCRIPTION OF PROPOSED WORK (check all applicable) | | | | |
| New Construction | Existing Building | Repair(s) | Alteration(s) | Addition |
| Accessory Bldg. | Demolition | Other Specify: _____ | | |
| Brief Description of Proposed Work: _____ _____ _____ | | | | |

| | | | | | |
|---|----------------|-----|---|----|--|
| USE GROUP AND CONSTRUCTION TYPE | | | | | |
| USE GROUP (Circle appropriate Use Group) | | | CONSTRUCTION TYPE | | |
| A Assembly | A-1 | A-2 | A-3 | 1A | |
| | A-4 | A-5 | | 1B | |
| B Business | | | | 2A | |
| E Educational | | | | 2B | |
| F Factory | F-1 | F-2 | | 2C | |
| H High Hazard | | | | 3A | |
| I Institutional | I-1 | I-2 | I-3 | 3B | |
| M Mercantile | | | | 4 | |
| R Residential | R-1 | R-2 | R-3 | 5A | |
| S Storage | S-1 | S-2 | | 5B | |
| U Utility | Specify: _____ | | | | |
| M Mixed Use | Specify: _____ | | | | |
| S Special Use | Specify: _____ | | | | |
| COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE | | | | | |
| Existing Use Group: _____ | | | Proposed Use Group: _____ | | |
| Existing Hazard Index (780 CMR 34): _____ | | | Proposed Hazard Index (780 CMR 34): _____ | | |

| | | |
|---|--------------------------|----------|
| BUILDING HEIGHT AND AREA | | |
| BUILDING AREA | Existing (if applicable) | Proposed |
| Number of Floors or stories include basement levels | | |
| Floor Area per Floor (sf) | | |
| Total Area (sf) | | |
| Total Height (ft) | | |

Brief Description of the Proposed Work:

| |
|--|
| |
| |
| |

STATE BUILDING CODE APPEALS BOARD
Service Notice

I, _____, as _____ for the
Appellant/Petitioner _____ in an appeal filed with the
State Building Code Appeals Board on _____, 20_____

HEREBY SWEAR UNDER THE PAINS AND PENALTIES OF PERJURY THAT IN ACCORDANCE WITH THE PROCEDURES ADOPTED BY THE STATE BOARD OF BUILDING REGULATIONS AND STANDARDS AND SECTION 122.3.1 OF THE STATE BUILDING CODE, I SERVED OR CAUSED TO BE SERVED, A COPY OF THIS APPEAL APPLICATION ON THE FOLLOWING PERSON(S) IN THE FOLLOWING MANNER:

| NAME AND ADDRESS OF PERSON OR AGENCY SERVED | | METHOD OF SERVICE | DATE OF SERVICE |
|---|--|-------------------|-----------------|
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |
| 3 | | | |
| | | | |

Signature: Appellant/Petitioner

On the _____ Day of _____ 20_____, PERSONALLY APPEARED

B E F O R E M E T H E A B O V E N A M E D

(Type or Print the Name of the Appellant)

AND ACKNOWLEDGED AND SWORE THE ABOVE STATEMENTS TO BE TRUE.

NOTARY PUBLIC MY COMMISSION EXPIRES _____



Commonwealth of Massachusetts

Construction Materials Safety Board (CMSB)

Application for Approval

This form shall be used to apply to the Construction Materials Safety Board for approval of a product, material or methodology, which is not specifically defined by the Massachusetts State Building Code.

Application Number: _____ Date of Application _____

(State Use Only)

1.0 Company Name: _____

Address: _____

Telephone No.: _____

E-mail Address: _____

Contact Person and Title: _____

2.0 Name of product/material/methodology
(For products and/or materials, provide all model numbers, types, sizes, etc., for which
Massachusetts approval is sought.

3.0 Description and intended use of product/material/methodology

4.0 If possible, identify section(s) of the Massachusetts State Building Code for which product/material/methodology approval is sought.

5.0 Information required for “end-user” of product/material/methodology (include any structural egress, fire safety, light or ventilation, energy conservation or other requirements and any limitations).

6.0 Instructions to building officials required to approve plans and inspect construction sites where applicable products/materials/methodology are utilized.

7.0 National Model Building Code Research Report Number(s) in force, if any (append actual reports to this application).

| <u>ORGANIZATION</u> | <u>EVALUATION REPORT NO.</u> | <u>EVALUATION REPORT ISSUE DATE</u> |
|---------------------|------------------------------|-------------------------------------|
| <u>BOCA</u> | _____ | _____ |
| <u>JCBO</u> | _____ | _____ |
| <u>SBCCI</u> | _____ | _____ |
| <u>CABO</u> | _____ | _____ |
| <u>ICC</u> | _____ | _____ |
| <u>OTHER</u> | _____ | _____ |

8.0 Testing Laboratory Test Reports, if any (append actual reports to this application).

| <u>ORGANIZATION</u> | <u>TEST REPORT NO.</u> | <u>TEST REPORT ISSUE DATE</u> |
|---------------------|------------------------|-------------------------------|
| <u>F.M.</u> | | |
| <u>N.L.</u> | | |
| <u>W.H.</u> | | |
| <u>OTHER</u> | | |

9.0 Current State/County/Municipality Approvals

| <u>JURISDICTION</u> | <u>APPROVAL NUMBER</u> | <u>APPROVAL DATE</u> |
|---------------------|------------------------|----------------------|
| | | |
| | | |
| | | |

10.0 Description and inclusion of technical information submitted to support request for approval (append actual technical information to this application)

11.0 Description and inclusion of technical information submitted to support request for approval (append actual technical information to this application).

12.0

AUTHORIZED SIGNATURE

PRINT OR TYPE AUTHORIZED NAME HERE

TITLE:

SUBMISSION DATE:


780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
THE MASSACHUSETTS STATE BUILDING CODE

| | | | | | |
|--|----------|--|--|--|----------|
| The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code For One- and Two-family Dwellings | | | | FOR MUNICIPALITY USE | |
| APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING | | | | | |
| This Section For Official Use Only | | | | | |
| Building Permit Number: _____ | | | Date Issued: _____ | | |
| Signature: _____ Building Commissioner/ Inspector of Buildings _____ Date _____ | | | | | |
| SECTION 1 - SITE INFORMATION | | | | | |
| 1.1 Property Address: _____ | | | 1.2 Assessors Map & Parcel Number: _____ Map Number _____ Parcel Number _____ | | |
| 1.3 Zoning Information: Zoning District _____ Proposed Use _____ | | | 1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____ | | |
| 1.5 Building Setbacks (ft) | | | | | |
| Front Yard | | Side Yards | | Rear Yard | |
| Required | Provided | Required | Provided | Required | Provided |
| | | / | / | | |
| 1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/> | | 1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/> | | 1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/> | |
| SECTION 2 - PROPERTY OWNERSHIP/ AUTHORIZED AGENT | | | | | |
| 2.1 Owner of Record: | | | | | |
| Name (Print) _____ | | | Address for Service: _____ | | |
| Signature _____ Telephone _____ | | | _____ | | |
| 2.2 Authorized Agent: | | | | | |
| Name (Print) _____ | | | Address for Service: _____ | | |
| Signature _____ Telephone _____ | | | _____ | | |
| SECTION 3 - CONSTRUCTION SERVICES | | | | | |
| 3.1 Licensed Construction Supervisor: | | | | Not Applicable <input type="checkbox"/> | |
| Licensed Construction Supervisor: _____ | | | | License Number _____ | |
| Address _____ | | | | Expiration Date _____ | |
| Signature _____ Telephone _____ | | | | | |
| 3.2 Registered Home Improvement Contractor: | | | | Not Applicable <input type="checkbox"/> | |
| Company Name _____ | | | | Registration Number _____ | |
| Address _____ | | | | Expiration Date _____ | |
| Signature _____ Telephone _____ | | | | | |

| | | |
|---|--|---|
| <div>Construction Checklist</div> <div>Single- & Two Family Dwellings</div> | | |
| <div>If required by the building official, this form shall be submitted at the completion of the work, prior to the issuance of a certificate of occupancy or completion, by the licensed construction supervisor, registered professional or homeowner (responsible party), as applicable, the municipal and/or state building official in verification that, to the best of his/her knowledge, the work has been executed in accordance with the provisions of the applicable state building code (code) and reference standards. The date shall indicate the date on which the responsible party viewed the building activity to ensure compliance with the code and/or reference standards. This date may or may not correspond to the date on which the activity was inspected for compliance by the municipal and/or state building official.</div> | | |
| Activity | Date | Note any deficiencies that were discovered (if any) and corrective action taken to ensure compliance with the code and/or reference standards |
| Foundation | | |
| a. | Location/excavation ¹ | |
| b. | Preparation of bearing soil | |
| c. | Placement of forms/reinforcing | |
| d. | Placement of Concrete | |
| e. | Setting weather protection methods | |
| f. | Installation of water/dampproofing | |
| g. | Placement of backfill | |
| Structural Frame ² | | |
| a. | Floor | |
| b. | Walls | |
| c. | Roof/ceilings | |
| d. | Masonry or other structural system | |
| Energy Conservation | | |
| a. | Insulation/vapor and air infiltration barriers | |
| b. | NFRC rated window | |
| c. | HVAC equipment with proper efficiencies | |
| Fire Protection | | |
| a. | Smoke | |
| b. | Heat | |
| c. | Carbon Monoxide | |
| d. | Other | |
| Special Construction | | |
| a. | Chimneys | |
| b. | Retaining Walls | |
| c. | Other ³ | |
| <div>1. If encountered in excavating for foundation placement, the responsible party shall report the presence of groundwater to the building official and shall submit a report detailing methods of remediation.</div> <div>2. Frame shall include the installation of all joists, trusses and other structural members and sheathing materials to verify size, species and grad, spacing and attachment methods. The responsible party shall ensure that any cutting or notching of structural members is performed in accordance with the requirements of this code.</div> <div>3. The building official may require the responsible party to be present on site at other points during the construction, reconstruction, alteration, removal or demolition work as he/she deems appropriate.</div> | | |

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
THE MASSACHUSETTS STATE BUILDING CODE

| | | | | | | | |
|---|------------------|--|-----------------|----------------------------------|-----------------|----------------------|-----------------|
| NOTES | | | | | | | |
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| In signing this form, the licensed construction supervisor, registered professional or homeowner (responsible party), as applicable attests to the fact that, to the best of his/her knowledge, the work as described on the referenced permit number and associated plans and specifications has been executed in accordance with the provisions of the applicable state building code (code) and reference standards. | | | | | | | |
| Name of Responsible Party | | | | Signature of Responsible Party | | | |
| | | | | | | | |
| Construction Supervisor License | | Home Improvement Contractor Registration | | Registered Professional Engineer | | Registered Architect | |
| Number | Expiration Date | Number | Expiration Date | Number | Expiration Date | Number | Expiration Date |
| | | | | | | | |
| This form is submitted for the following project | | | | | | | |
| Permit Number | Property Address | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|--|----------------------|
|  <div>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code</div> | FOR MUNICIPALITY USE |
| APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING | |

| | |
|--|--------------------|
| This Section For Official Use Only | |
| Building Permit Number: _____ | Date Issued: _____ |
| Signature: _____ Building Commissioner/ Inspector of Buildings Date | |

| | | | | | |
|---|----------|--|--|--|----------|
| SECTION 1 - SITE INFORMATION | | | | | |
| 1.1 Property Address: _____ | | | 1.2 Assessors Map & Parcel Number: _____ Map Number _____ Parcel Number _____ | | |
| 1.3 Zoning Information: Zoning District _____ Proposed Use _____ | | | 1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____ | | |
| 1.5 Building Setbacks (ft) | | | | | |
| Front Yard | | Side Yards | | Rear Yard | |
| Required | Provided | Required | Provided | Required | Provided |
| | | / | / | | |
| 1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/> | | 1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/> | | 1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/> | |

| | |
|---|--|
| SECTION 2 - PROPERTY OWNERSHIP/ AUTHORIZED AGENT | |
| 2.1 Owner of Record: Name (Print) _____ Address: _____ Signature _____ Telephone _____ | |
| 2.2 Authorized Agent: Name (Print) _____ Address: _____ Signature _____ Telephone _____ | |

| | |
|--|---|
| SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE | |
| 3.1 Licensed Construction Supervisor: Licensed Construction Supervisor: _____ Address _____ Signature _____ Telephone _____ | Not Applicable <input type="checkbox"/> License Number _____ Expiration Date _____ |
| 3.2 Registered Home Improvement Contractor: Company Name _____ Address _____ Signature _____ Telephone _____ | Not Applicable <input type="checkbox"/> Registration Number _____ Expiration Date _____ |

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
THE MASSACHUSETTS STATE BUILDING CODE

| | |
|--|--|
| SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6)) | |
| Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. | |
| Signed Affidavit Attached Yes..... <input type="checkbox"/> No..... <input type="checkbox"/> | |
| SECTION 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE) | |
| 5.1 Registered Architect: | |
| <div><div></div><div>Name (Registrant):</div><div></div><div>Address</div><div></div><div>Signature</div><div>Telephone</div></div> | <div>Not Applicable <input type="checkbox"/></div> <div>Registration Number</div> <div>Expiration Date</div> |
| 5.2 Registered Professional Engineer(s): | |
| <div><div></div><div>Name</div><div></div><div>Address</div><div></div><div>Signature</div><div>Telephone</div></div> | <div></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div> |
| <div><div></div><div>Name</div><div></div><div>Address</div><div></div><div>Signature</div><div>Telephone</div></div> | <div></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div> |
| <div><div></div><div>Name</div><div></div><div>Address</div><div></div><div>Signature</div><div>Telephone</div></div> | <div></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div> |
| <div><div></div><div>Name</div><div></div><div>Address</div><div></div><div>Signature</div><div>Telephone</div></div> | <div></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div> |
| 5.3 General Contractor | |
| <div><div></div><div>Company Name:</div><div></div><div>Responsible In Charge of Construction</div><div></div><div>Address</div><div></div><div>Signature</div><div>Telephone</div></div> | <div>Not Applicable <input type="checkbox"/></div> |

| | | | |
|---|--|---|--|
| SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable) | | | |
| New Construction <input type="checkbox"/> | Existing Building <input type="checkbox"/> | Repair(s) <input type="checkbox"/> | Alteration(s) <input type="checkbox"/> |
| Accessory Bldg. <input type="checkbox"/> | Demolition <input type="checkbox"/> | Other <input type="checkbox"/> Specify: _____ | |
| Brief Description of Proposed Work: _____ _____ _____ | | | |

| | | | | | | | | | |
|--|--------------------------|----------------|--------------------------|-----|--|-----|--------------------------|-------------------|--------------------------|
| SECTION 7 - USE GROUP AND CONSTRUCTION TYPE | | | | | | | | | |
| USE GROUP (Check as applicable) | | | | | | | | CONSTRUCTION TYPE | |
| A Assembly | <input type="checkbox"/> | A-1 | <input type="checkbox"/> | A-2 | <input type="checkbox"/> | A-3 | <input type="checkbox"/> | 1A | <input type="checkbox"/> |
| | | A-4 | <input type="checkbox"/> | A-5 | <input type="checkbox"/> | | | 1B | <input type="checkbox"/> |
| B Business | <input type="checkbox"/> | | | | | | | 2A | <input type="checkbox"/> |
| E Educational | <input type="checkbox"/> | | | | | | | 2B | <input type="checkbox"/> |
| F Factory | <input type="checkbox"/> | F-1 | <input type="checkbox"/> | F-2 | <input type="checkbox"/> | | | 2C | <input type="checkbox"/> |
| H High Hazard | <input type="checkbox"/> | | | | | | | 3A | <input type="checkbox"/> |
| I Institutional | <input type="checkbox"/> | I-1 | <input type="checkbox"/> | I-2 | <input type="checkbox"/> | I-3 | <input type="checkbox"/> | 3B | <input type="checkbox"/> |
| M Mercantile | <input type="checkbox"/> | | | | | | | 4 | <input type="checkbox"/> |
| R Residential | <input type="checkbox"/> | R-1 | <input type="checkbox"/> | R-2 | <input type="checkbox"/> | R-3 | <input type="checkbox"/> | 5A | <input type="checkbox"/> |
| S Storage | <input type="checkbox"/> | S-1 | <input type="checkbox"/> | S-2 | <input type="checkbox"/> | | | 5B | <input type="checkbox"/> |
| U Utility | <input type="checkbox"/> | Specify: _____ | | | | | | | |
| M Mixed Use | <input type="checkbox"/> | Specify: _____ | | | | | | | |
| S Special Use | <input type="checkbox"/> | Specify: _____ | | | | | | | |
| COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/ OR CHANGE IN USE | | | | | | | | | |
| Existing Use Group: _____ | | | | | Proposed Use Group: _____ | | | | |
| Existing Hazard Index 780 CMR 34): _____ | | | | | Proposed Hazard Index 780 CMR 34): _____ | | | | |

| | | |
|---|--------------------------|----------|
| SECTION 8 BUILDING HEIGHT AND AREA | | |
| BUILDING AREA | Existing (if applicable) | Proposed |
| Number of Floors or stories include basement levels | | |
| Floor Area per Floor (sf) | | |
| Total Area (sf) | | |
| Total Height (ft) | | |

| | | |
|--|-----------------------------------|----------------------------------|
| SECTION 9- STRUCTURAL PEER REVIEW (780 CMR 110.11) | | |
| Independent Structural Engineering Structural Peer Review Required | Yes..... <input type="checkbox"/> | No..... <input type="checkbox"/> |

| | |
|---|--|
| SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT | |
| I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf all matters relative to work authorized by this building permit application. Signature of Owner _____ Date _____ | |

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THE MASSACHUSETTS STATE BUILDING CODE

| | |
|--|------|
| SECTION 10b - OWNER/ AUTHORIZED AGENT DECLARATION | |
| I, _____, as Owner/ Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury. | |
| _____ | |
| Print Name | |
| _____ | |
| Signature of Owner/ Agent | Date |

| SECTION 11 - ESTIMATED CONSTRUCTION COSTS | | | |
|---|--|---|--|
| Item | Estimated Cost (Dollars) to be completed by permit applicant | Official Use Only | |
| 1. Building | | (a) Building Permit Fee Multiplier | |
| 2. Electrical | | (b) Estimated Total Cost of Construction from (6) | |
| 3. Plumbing | | Building Permit Fee (a) x (b) | |
| 4. Mechanical (HVAC) | | | |
| 5. Fire Protection | | | |
| 6. Total = (1 + 2 + 3 + 4+ 5) | | Check Number | |



CONSUMER INFORMATION FORM - “SUNROOMS”

Massachusetts State Building Code (780 CMR 6101.3.2.2)

The Massachusetts State Building Code (780 CMR) includes provisions to ensure that houses and house additions meet energy efficiency standards. This supplemental CONSUMER INFORMATION FORM is to be filed as part of the building permit application when a builder/contractor or homeowner, constructing/installing a house addition with very large percentage of glass to opaque wall, seeks to utilize a special energy conservation exemption option for "sunroom" additions to an existing house (780 CMR, 6101.3.2.2). This FORM is not intended to prevent a homeowner from selecting a “sunroom” of any size, configuration, orientation, form of construction or percent glazing, but rather is only intended to assist homeowners in becoming aware of some of the important energy conservation and year-round comfort considerations involved in selecting and utilizing a “sunroom” addition.

The connection of “sunroom” structures to residential buildings may create comfort and energy consumption issues due to uncontrolled solar gain or uncontrolled radiation cooling of the main house. In the selection and construction/installation of “sunrooms”, included below is a non-required, open-ended list of product and design considerations that a homeowner may wish to consider before actually constructing/installing a “sunroom”. It is recommended that consumers carefully review these options with their designer, builder, or contractor, in order to minimize potential energy consumption and/or house discomfort issues. In addition, the qualifications and reputation of the company or individuals to be hired are important considerations.

PRODUCT AND DESIGN CONSIDERATIONS RELATED TO “SUNROOMS”

- Solar Orientation and Natural Shading
- Type of Glazing
 - Insulating value
 - Solar heat gain
 - Frame materials
 - Glazing to frame sealing and gasketing materials/ seal durability and/or weather tightness of the sunroom
- Adequate ventilation - Operable windows and fans
- Applied Shading Systems
- Insulation level in floors, walls, and ceilings
- Possible Sunroom isolation from the main house via a wall and/or door or slider
- Heating and Cooling Methods: Efficiency, Zoning and Controls

Homeowner Acknowledgment

The Massachusetts State Building Code, 780 CMR 6101.3.2.2, requires that the actual property owner (not the owner’s agent or representative) acknowledge receipt of this CONSUMER INFORMATION FORM prior to issuance of a Building Permit for a project that includes “sunroom” additions to an existing residential building. In accordance with this requirement, the undersigned hereby acknowledges that she/he has read the information in this document concerning sunroom comfort and energy conservation.

Signature of Actual Building Owner

Date

Print Name

Address of Permitted Project

Owner Address (if different than project location)

Owner’s telephone number

ENERGY CONSERVATION MANDATORY CHECKLIST FOR NEW CONSTRUCTION
(OTHER THAN LOW-RISE RESIDENTIAL) 780 CMR, 1301.8.1



Owner/Agent Name: _____ Phone: _____
Owner/Agent Address: _____
City/State/Zip: _____
Project Name: _____
Site Address: _____ City/Town _____
Applicant's Name: _____ Signature: _____
Applicant's Phone: _____ Date of Application: _____

I. Envelope Compliance Option (check ONE)

☐ **Trade-Off** (1304.5) - Attach software Compliance Report (COMcheck-EZ)
☐ **Appendix J** (1301.2 - For buildings up to 10,000 sf only) - Attach Appendix J compliance documentation
☐ **Systems Analysis** (1309) - Attach Registered Architect's or Engineer's report
☐ **Prescriptive** (1304.2) - Complete this section, and attach copy of applicable Table (1304.2.1 through 13.4.2.12)
Climate Zone (from Table 1303.1) ☐ Zone 12a ☐ Zone 13a ☐ Zone 14a
a. Gross above-grade wall area _____ sq.ft.
b. Total window & glass door area _____ sq.ft.
c. Glazing % (100 x b÷a) _____ % Table # utilized: _____

II. HVAC (check ONE)

☐ Simple Systems & Equipment (1305.2) ☐ Complex Systems & Equipment (1305.3)
☐ Systems Analysis (1309) - Attach Registered Architect's or Engineer's report

III. Lighting (check ONE)

☐ Building Area Method (1308.6.2.1)
☐ Space-by-Space Method (1308.6.2.2) } Attach Compliance Documentation (COMcheck-EZ or other)
☐ Systems Analysis (1309) - Attach Registered Architect's or Engineer's report

IV. Approval & Acceptance Construction Documents (1301.8.4.1)

Attach a narrative report describing the HVAC, Lighting, and Electric Distribution systems, including:

| For Official Use ONLY: | |
|--|--|
| Building Official check off completed sections of report | <input type="checkbox"/> 1. Design Intent |
| | <input type="checkbox"/> 2. Basis of Design |
| | <input type="checkbox"/> 3. Sequence of operation / systems interaction |
| | <input type="checkbox"/> 4. Description of the systems (capacities, etc.) |
| | <input type="checkbox"/> 5. Testing requirements / criteria acceptance |
| | <input type="checkbox"/> 6. Requirement for submittal of operation manuals and maintenance manuals |
| | <input type="checkbox"/> 7. Requirement for submittal of record drawings and control documents |

This Side For Use by Building Department Only

Official’s Name: _____ Title: _____

I. Plans Review

Date Application Received: _____

- ☐ Complete Narrative Report Received (1301.8.4.1)
- ☐ Design and Specification Documents prepared by legally recognized professional (1301.8.4.3)

Application is: Approved ☐ Date: _____ Signature: _____
 Denied ☐ Date: _____

Reason(s) for Denial: (provide additional details as needed on separate sheet)

II. Acceptance (1301.8.4.4)

- ☐ Successful system tests witnessed by Building Official, **OR** ☐ satisfactory test report received (check one)
- ☐ Certification by Registered Professional (per 780 CMR 116.2) that systems are installed in accordance with construction documents
- ☐ Confirmation by owner (or their authorized representative) that they have received record drawings, reviewed for reasonable accuracy
- ☐ Confirmation by owner (or their authorized representative) that they have received reports, controls documentation, operations manual(s), maintenance manual(s), and other documents specified in 1301.8.4.1

Building Official’s Signature: _____

AWC Guide to Wood Construction in High Wind Areas: 110 mph Wind Zone
Massachusetts Checklist for Compliance (780 CMR 5301.2.1.1)¹

☒ Check
Compliance

1.1 SCOPE

Wind Speed (3-sec. gust) 110 mph _____

Wind Exposure Category B _____

1.2 APPLICABILITY

Number of Stories (a roof which exceeds 8 in 12 slope shall be considered a story)
..... stories ≤ 2 stories _____

Roof Pitch (Fig 2) ≤ 12:12 _____

Mean Roof Height (Fig 2) ft ≤ 33' _____

Building Width, W (Fig 3) ft ≤ 80' _____

Building Length, L (Fig 3) ft ≤ 80' _____

Building Aspect Ratio (L/W) (Fig 4) ≤ 3:1 _____

Nominal Height of Tallest Opening² (Fig 4) ≤ 6'8" _____

1.3 FRAMING CONNECTIONS

General compliance with framing connections ... (Table 2) _____

2.1 FOUNDATION

Foundation Walls meeting requirements of 780 CMR 5404.1

Concrete _____

Concrete Masonry _____

2.2 ANCHORAGE TO FOUNDATION^{1,3}

⁵/₈" Anchor Bolts imbedded or ⁵/₈" Proprietary Mechanical Anchors as an alternative in concrete only

Bolt Spacing – general (Table 4) in. _____

Bolt Spacing from end/joint of plate (Fig 5) in. ≤ 6" – 12" _____

Bolt Embedment – concrete (Fig 5)..... in. ≥ 7" _____

Bolt Embedment – masonry (Fig 5) in. ≥ 15" _____

Plate Washer (Fig 5) ≥ 3" x 3" x ¼" _____

3.1 FLOORS

Floor framing member spans checked (per 780 CMR 55.00) _____

Maximum Floor Opening Dimension (Fig 6) ft ≤ 12' _____

Full Height Wall Studs at Floor Openings less than 2' from Exterior Wall (Fig 6) _____

Maximum Floor Joist Setbacks

Supporting Loadbearing Walls or Shearwall . (Fig 7) ft ≤ d _____

Maximum Cantilevered Floor Joists

Supporting Loadbearing Walls or Shearwall . (Fig 8) ft ≤ d _____

Floor Bracing at Endwalls (Fig 9) _____

Floor Sheathing Type (per 780 CMR 55.00) _____

Floor Sheathing Thickness (per 780 CMR 55.00) in. _____

Floor Sheathing Fastening (Table 2) ___d nails at ___in edge / ___in field _____

4.1 WALLS

Wall Height

Loadbearing walls (Fig 10 and Table 5) ft ≤ 10' _____

Non-Loadbearing walls (Fig 10 and Table 5) ft ≤ 20' _____

Wall Stud Spacing (Fig 10 and Table 5) in. ≤ 24" o.c. _____

Wall Story Offsets (Figs 7 & 8) ft ≤ d _____

4.2 EXTERIOR WALLS³

Wood Studs

Loadbearing walls (Table 5) 2x___ - ___ft ___in. _____

Non-Loadbearing walls (Table 5) 2x___ - ___ft ___in. _____

Gable End Wall Bracing¹

Full Height Endwall Studs (Fig 10) _____

WSP Attic Floor Length (Fig 11) ft ≥ W/3 _____

Gypsum Ceiling Length (if WSP not used) (Fig 11) ft ≥ 0.9W _____

and 2 x 4 Continuous Lateral Brace @ 6 ft. o.c. ... (Fig 11)..... _____

or 1 x 3 ceiling furring strips @ 16" spacing min. with 2 x 4 blocking @ 4 ft. spacing in end joist or truss bays _____

Double Top Plate

Splice Length (Fig 13 and Table 6) ft _____

Splice Connection (no. of 16d common nails)(Table 6) _____

Loadbearing Wall Connections

Lateral (no. of 16d common nails) (Tables 7)

Non-Loadbearing Wall Connections

Lateral (no. of 16d common nails) (Table 8)

Load Bearing Wall Openings (record largest opening but check all openings for compliance to Table 9)

Header Spans (Table 9) ft in. ≤ 11'

Sill Plate Spans (Table 9) ft in. ≤ 11'

Full Height Studs (no. of studs) (Table 9)

Non-Load Bearing Wall Openings (record largest opening but check all openings for compliance to Table 9)

Header Spans..... (Table 9) ft in. ≤ 12'

Sill Plate Spans..... (Table 9) ft in. ≤ 12"

Full Height Studs (no. of studs) (Table 9)

Exterior Wall Sheathing to Resist Uplift and Shear Simultaneously⁴

Minimum Building Dimension, W

Nominal Height of Tallest Opening² ≤ 6'8"

Sheathing Type (note 4)

Edge Nail Spacing (Table 10 or note 4 if less) in.

Field Nail Spacing (Table 10) in.

Shear Connection (no. of 16d common nails) (Table 10)

Percent Full-Height Sheathing (Table 10) %

5% Additional Sheathing for Wall with Opening > 6'8" (Design Concepts)

Maximum Building Dimension, L

Nominal Height of Tallest Opening² ≤ 6'8"

Sheathing Type (note 4)

Edge Nail Spacing (Table 11 or note 4 if less) in.

Field Nail Spacing (Table 11) in.

Shear Connection (no. of 16d common nails) (Table 11)

Percent Full-Height Sheathing (Table 11) %

5% Additional Sheathing for Wall with Opening > 6'8" (Design Concepts)

Wall Cladding

Rated for Wind Speed?

5.1 ROOFS

Roof framing member spans checked? (For Rafters use AWC Span Tool, see BBRS Website)

Roof Overhang (Figure 19) ft ≤ smaller of 2' or L/3

Truss or Rafter Connections at Loadbearing Walls

Proprietary Connectors

Uplift (Table 12) U= plf

Lateral (Table 12) L= plf

Shear (Table 12) S= plf

Ridge Strap Connections, if collar ties not used per page 21 (Table 13) T= plf

Gable Rake Outlooker (Figure 20) ft ≤ smaller of 2' or L/2

Truss or Rafter Connections at Non-Loadbearing Walls

Proprietary Connectors

Uplift (Table 14) U= lb.

Lateral (no. of 16d common nails) (Table 14) L= lb.

Roof Sheathing Type (per 780 CMR 58.00 and 59.00)

Roof Sheathing Thickness in. ≥ 7/16" WSP

Roof Sheathing Fastening (Table 2)

- Notes:
1.

This checklist shall be met in its entirety, excluding the specific exception noted in 2, to comply with the requirements of 780 CMR 5301.2.1.1 Item 1. If the checklist is met in its entirety then the following metal straps and hold downs are not required per the WFCM 110 mph Guide:

a.

Steel Straps per Figure 5

b.

20 Gage Straps per Figure 11

c.

Uplift Straps per Figure 14

d.

All Straps per Figure 17

e.

Corner Stud Hold Downs per Figure 18a and Figure 18b
2.

Exception: Opening heights of up to 8 ft. shall be permitted when 5% is added to the percent full-height sheathing requirements shown in Tables 10 and 11.
3.

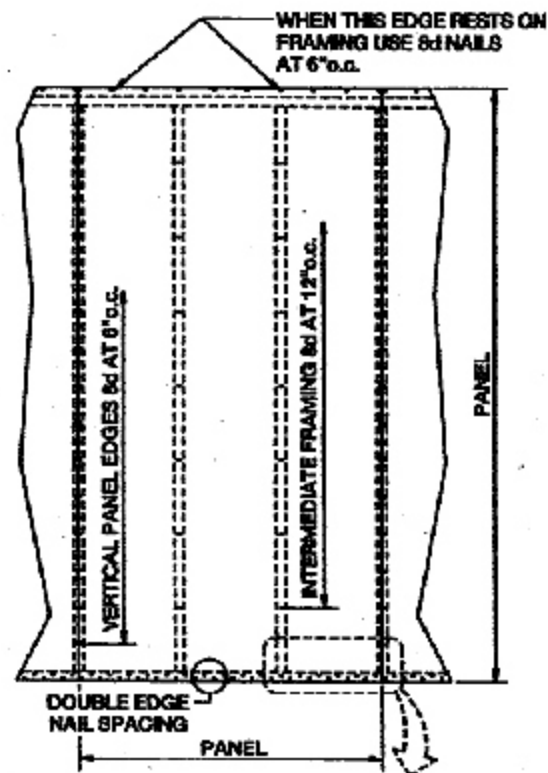
The bottom sill plate in exterior walls shall be a minimum 2 in. nominal thickness pressure treated #2-grade.
4.

a.

From Tables 10 and 11 and location of wall sheathing and Building Aspect Ratio, determine Percent Full-Height Sheathing and Nail Spacing requirements

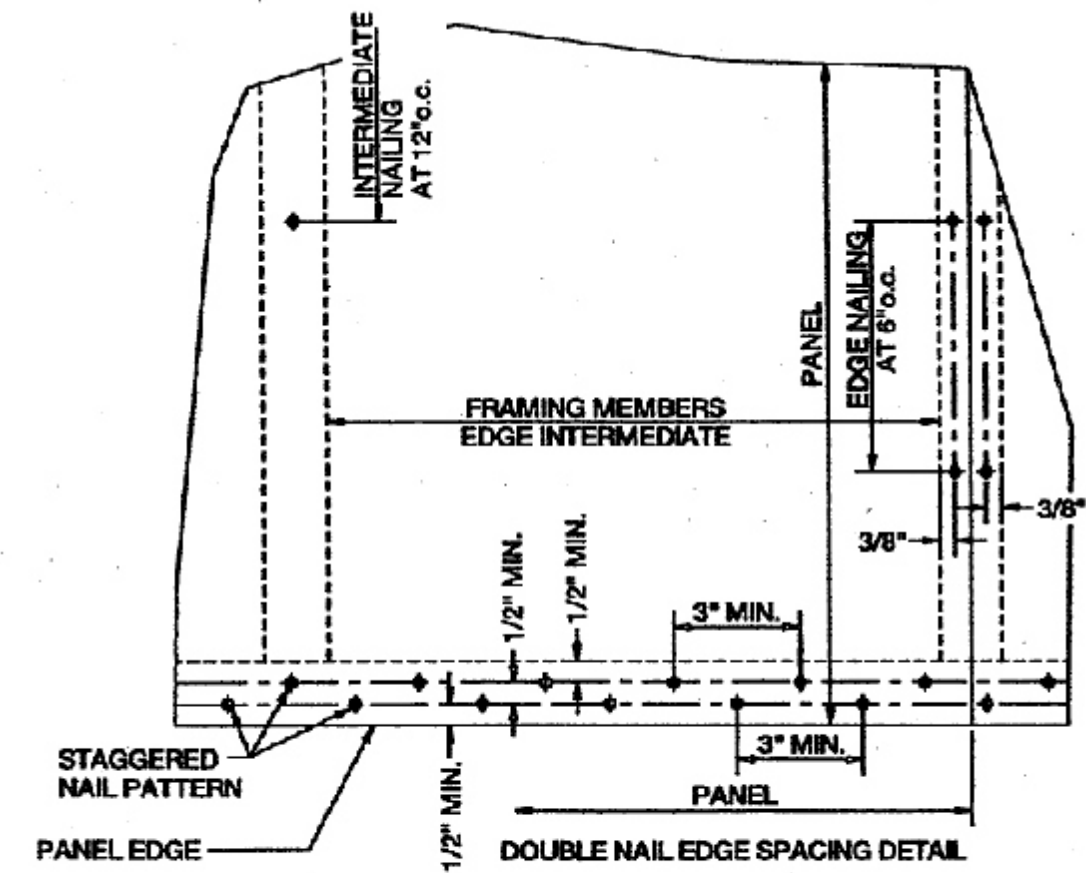
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- b. Wood Structural Panels shall be minimum thickness of 7/16" and be installed as follows:
 - i. Panels shall be installed with strength axis parallel to studs.
 - ii. All horizontal joints shall occur over and be nailed to framing.
 - iii. On single story construction, panels shall be attached to bottom plates and top member of the double top plate.
 - iv. On two story construction, upper panels shall be attached to the top member of the upper double top plate and to band joist at bottom of panel. Upper attachment of lower panel shall be made to band joist and lower attachment made to lowest plate at first floor framing.
 - v. Horizontal nail spacing at double top plates, band joists, and girders shall be a double row of 8d staggered at 3 inches on center per figures below : Vertical and Horizontal Nailing for Panel Attachment



See Detail on Next Page

Vertical and Horizontal Nailing
for Panel Attachment



Detail
Vertical and Horizontal Nailing
for Panel Attachment

